



THE VILLAGE AT MANVILLE

40 Bouvier Avenue
Manville, RI 02838

T 617.558.4077 • F 401.244.7268
VillageManvilleRI@wingatecompanies.com

Dear Applicant:

Thank you for contacting The Village at Manville to inquire about submitting an application for housing.

Enclosed you will find the application for Low-Income Housing & Middle-Income Housing apartments at The Village at Manville.

Incomplete and/or missing forms WILL NOT BE ACCEPTED.

The Village at Manville has 49 LIHTC units in addition to offering 15 units for Middle Income Housing. Once we receive a completed application, signed by all household members 18 years of age and older, you then be will be notified regarding your initial eligibility status. If there is no waiting list for the type of unit you are applying for, we will contact you regarding an initial meeting.

At the meeting, we will need to independently verify all of your income and assets. There are other qualifying criteria described in our Tenant Selection Plan, which we will review with you during the interview.

Please be advised that we update our waiting lists on a yearly basis. Anyone who does not return the annual waiting list interest form when mailed, within the specified timeframe, will be removed from the waiting list. It is important to note that if you should move or change your phone number, it is your responsibility to notify the Management Office of such changes.

If you are a person with disabilities and require a reasonable accommodation, please contact the Management Office to process the request for a reasonable accommodation.

Again, thank you for contacting The Village at Manville.

Sincerely,

Karlee Remillard, SHCM, FHC
Property Manager
Wingate Management Company, LLC
The Village at Manville

**Please note that during the construction phase,
the office will be operating off-site.**

Applications can be MAIL or DROPPED OFF at:
Lincoln Lofts
90 Industrial Circle
Lincoln, RI 02865



The Village at Manville – APPLICATION FOR HOUSING

Low Income Housing Tax Credit



EQUAL HOUSING OPPORTUNITY

Property Name: The Village at Manville
Property Address: 40 Bouvier Avenue, Manville, RI 02838
Office Phone / Fax: 617-558-4077
Property Email: VillagemanvilleRI@wingatecompanies.com

Disclosure of Social Security Numbers – All applicant and tenant household members must disclose and provide verification of the complete and accurate SSN assigned to them except for those individuals who do not contend eligible immigration status or tenants who were age 62 or older as of January 31st, 2010 and whose initial determination of eligibility was begun before January 31st, 2010. This paragraph explains the requirements and responsibilities of applicants or tenants to supply owners with this information, the responsibility of owners to obtain this information, and the consequences for failure to provide the information.

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address:

| | | | | |
|--------|-------|------|-------|-----|
| Street | Apt.# | City | State | ZIP |
|--------|-------|------|-------|-----|

Phone: _____ Email: _____

No. of BR's in current unit: _____ Do you RENT or OWN (check one)

Amount of current monthly Rental or Mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? Yes No (check one)

Check utilities paid by you: Heat Electricity Gas Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____





How did you hear about The Village at Manville? _____

SELECT APARTMENT SIZE YOU'RE REQUESTING:

1BR 2BR
[] []

DO YOU CURRENTLY HAVE A MOBILE SECTION 8 VOUCHER?:

NO YES
[] [] Issuer: _____

DO YOU OR A HOUSEHOLD MEMBER REQUIRE AN ADAPTED UNIT FOR:

Mobility: [] Yes [] No **Hearing:** [] Yes [] No **Vision:** [] Yes [] No

Does a member of the household have a mobility impairment? [] Yes [] No

A person with disabilities as defined by federal regulation is..."Any adult having a physical, mental or emotional impairment that is expected to be of long, continued and indefinite durations, and substantially impedes his or her ability to live independently and is of a nature that such ability could be improved by more suitable housing conditions."

Do you or a member of your household qualify as a person with disabilities under the definition above? [] Yes [] No

IF YES, do you need a reasonable accommodation (defined below) in order to participate in the application process or to make effective use of the housing program? For example, grab bars, wheelchair accessibility, hearing or visual assistance. [] Yes [] No

If yes, please describe the reasonable accommodation needs _____

A reasonable accommodation is defined as a change, exception or adjustment to a program, service, building, dwelling unit or workplace that will allow a qualified person with a disability to: a.) participate fully in a program, b.) take advantage of a service, c.) live in a dwelling or d.) perform a job.

| | Name (FIRST & LAST NAME) | Relationship to Head | (Optional) GENDER | Birth Date (MM/DD/YY) | (REQUIRED) Social Security # | Are you a FULL-TIME STUDENT? |
|----|-----------------------------|-------------------------|----------------------|--------------------------|---------------------------------|---------------------------------|
| 1. | | HEAD | | | | [] YES [] NO |
| 2. | | | | | | [] YES [] NO |
| 3. | | | | | | [] YES [] NO |
| 4. | | | | | | [] YES [] NO |

Check All That Apply

Citizenship Status: _____ U.S Citizen _____ Eligible Non-Citizen _____ Ineligible Citizen

Ethnic Categories: _____ Hispanic or Latino _____ Not-Hispanic or Latino

Race: _____ American Indian or Alaska Native _____ Asian _____ Black or African American _____ White
 _____ Native Hawaiian or Pacific Islander _____ Other _____ Prefer Not to answer

Will all listed minors be living in the unit at least 50% of the time? Yes No

Have there been any changes in household composition in the last twelve months? Yes No

If yes, explain:

Do you anticipate any changes in household composition in the next twelve months? Yes No

If yes, explain:

Is there someone not listed above who would normally be living with the household? Yes No

If yes, explain:

Will ALL of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an education institution (other than a correspondence school) with regular faculty and students? [] Yes [] No

IF YES, answer the following questions....

| | | |
|--|------------------------------|-----------------------------|
| Are any full-time student(s) married and filing a joint tax return? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are any full-time student(s) a TANF or a title IV recipient? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return and whose children are not dependents of anyone other than a parent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

C. INCOME

List **ALL sources of income for ALL Members** as requested below. If a section doesn't apply, cross out or write NA.

| Household Member Name | Source of Income | Gross Monthly Amount |
|-----------------------|--|----------------------|
| | Social Security Benefits | \$ |
| | Social Security Benefits | \$ |
| | Social Security Benefits | \$ |
| | SSI Benefits | \$ |
| | SSI Benefits | \$ |
| | SSI Benefits | \$ |
| | Pension (list source): | \$ |
| | Pension (list source): | \$ |
| | Veteran's Benefits (list claim #): | \$ |
| | Veteran's Benefits (list claim #): | \$ |
| | Unemployment Compensation | \$ |
| | Unemployment Compensation | \$ |
| | Title IV/TANF | \$ |
| | GPA (General Public Assistance) | \$ |
| | Contributions to the Household (monetary or not) | \$ |
| | Full-Time Student Income (18 & Over Only) | \$ |
| | Financial Aid (grants & scholarships | \$ |
| | exceeding of the amount of tuition may have to | |
| | be included in total income) | |
| | Interest Income (source): | \$ |
| | Interest Income (source): | \$ |
| | Long Term Medical Care Insurance Payments in excess of \$180/day | \$ |
| | Scheduled Payments from Investments | \$ |

| Household Member Name | Source of Income | Monthly Amount |
|--|---|--|
| | Employment amount | \$ |
| | Employer: | |
| | Position Held: | |
| | How long employed: | |
| | Employment amount | \$ |
| | Employer: | |
| | Position Held: | |
| | How long employed: | |
| | Employment amount | \$ |
| | Employer: | |
| | Position Held: | |
| | How long employed: | |
| | Employment amount | \$ |
| | Employer: | |
| | Position Held: | |
| | How long employed: | |
| | Alimony | |
| | Are you legally entitled to receive alimony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, list the amount you are entitled to receive. | \$ |
| | Do you receive alimony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes list amount you receive. | \$ |
| | Child Support | |
| | Are you legally entitled to receive child support? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes list the amount you are entitled to receive. | \$ |
| | Do you receive child support? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, list the amount you receive. | \$ |
| | Other Income | \$ |
| | Other Income | \$ |
| | Other Income | \$ |
| TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12) | | \$ |
| TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR | | \$ |
| Do you anticipate any changes in this income in the next 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is any member of the household legally entitled to receive income assistance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is any member of the household likely to receive income or assistance (monetary or not from someone who is not a member of the household as listed on Page 2 etc)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes to any of the above, explain: | | |
| | | |
| Is the income received? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

D. ASSETS

If your assets are too numerous to list here, please request an additional form.
If a section doesn't apply, cross out or write NA.

| | | | | |
|---|-------|---------------|-------------------------|--------------------|
| Checking Accounts | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| Savings Accounts | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| Trust Account | # | Bank | Balance \$ | |
| CD's | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| Credit Union | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| Savings Bonds | # | Maturity Date | Value \$ | |
| | # | Maturity Date | Value \$ | |
| | # | Maturity Date | Value \$ | |
| Life Insurance Policy | | # | Cash Value \$ | |
| (WHOLE or UNIVERSAL POLICIES ONLY) | | # | Cash Value \$ | |
| Do not list Death Policies | | # | | |
| Mutual Funds | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| Stocks | Name: | #Shares: | Dividend Paid \$ | Value \$ |
| | Name: | #Shares: | Dividend Paid \$ | Value \$ |
| | Name: | #Shares: | Dividend Paid \$ | Value \$ |
| Bonds | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| Investment Property | | | | Appraised Value \$ |

| | | | |
|---|-----|------------------------------|-----------------------------|
| Real Estate Property: Do you own any property? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, Type of property</i> | | | |
| Location of property (Address) | | | |
| Appraised Market Value | (+) | \$ | |
| Mortgage or outstanding loans balance due | (-) | \$ | |
| Amount of annual insurance premium | (-) | \$ | |
| Amount of most recent tax bill | (-) | \$ | |
| Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, describe:</i> | | | |
| Do they have access to the asset(s)? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you sold/disposed of any property in the last 2 years? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, Type of property:</i> | | | |
| Market value when sold/disposed | | \$ | |
| Amount sold/disposed for | | \$ | |
| Date of transaction: | | | |
| Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, describe the asset:</i> | | | |
| Date of disposition: | | | |
| Amount disposed | | \$ | |
| Do you have any other assets not listed above (excluding personal property)? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, please list:</i> | | | |
| E. ADDITIONAL INFORMATION | | | |
| Are you or any member of your family currently using an illegal substance? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you or any member of your family ever been convicted of a felony? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, describe:</i> | | | |
| Are you or any member of your family subject to a state lifetime sex offender Registration program in any state? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| LIST ALL STATES WHERE APPLICANT AND MEMBERS OF APPLICANT'S HOUSEHOLD HAVE RESIDED: | | | |
| Have you or any member of your family ever been evicted from any housing? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, describe</i> | | | |
| Have you ever filed for bankruptcy? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, describe</i> | | | |
| Will you take an apartment when one is available? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Briefly describe your reasons for applying: | | | |

| F. REFERENCE INFORMATION | | | |
|---|-----------|------------------|--|
| Current Landlord <i>(Required)</i> | Name: | | |
| | Address: | | |
| | Phone: | | |
| | How Long? | | |
| Prior Landlord | Name: | | |
| | Address: | | |
| | Phone: | | |
| | How Long? | | |
| Credit Reference #1 <i>(Optional)</i> : | | | |
| Address: | | Phone #: | |
| Credit Reference #2 <i>(Optional)</i> : | | | |
| Address: | | Phone #: | |
| EMERGENCY CONTACT | | | |
| In case of emergency notify: | | | Relationship: |
| Address: | | | Phone #: |
| G. VEHICLE & PET INFORMATION (if applicable) | | | |
| List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle. | | | |
| Type of Vehicle: | | License Plate #: | |
| Year/Make: | | Color: | |
| Type of Vehicle: | | License Plate #: | |
| Year/Make: | | Color: | |
| Do you own any pets? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes, describe:</i> | | | |

| CERTIFICATION | |
|---|-----------------|
| <p>I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.</p> <p>If you are a person with disabilities and require a reasonable accommodation, please contact the Management Office to process the request for a reasonable accommodation.</p> | |
| _____ (Signature Head of Household) | _____ (Date) |
| _____ (Signature Co-Head of Household) | _____ (Date) |
| _____ (Signature Adult Household Member) | _____ (Date) |

RELEASE:

I understand that this application is not an offer of housing. I hereby certify that the information furnished on this application is true and complete, to the best of my knowledge and belief. I certify that I understand that false statements or information are punishable as applicable under State or Federal Law and may result in the cancellation of this application.

I hereby authorize **The Village at Manville** to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may be included, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/ salary details, vehicle records, licensing records, and/or any other necessary information if it appears that I am eligible for housing when my name approaches the top of the waiting list and then contacted to be interviewed for an apartment to determine final qualification.

I hereby expressly release **The Village at Manville** and any procurer or furnisher of information, from any liability whatsoever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including, without limitation, various law enforcement agencies.

Signed under the pains and penalties of perjury.

Head of Household/Applicant Date

Co-Applicant Date

Other Adult Occupant Date

_____ provides people whose primary language is not English, and as a result have limited English proficiency, the opportunity to request free language interpretation assistance in order to apply to or participate in its programs and activities.

_____ 社區為主要語言不是英語和英語水平有限的人提供申請免費語言口譯服務的機會，讓他們可以申請或參與社區的課程和活動。

_____ ofrece servicios gratuitos de traducción en interpretación a personas que no hablan el idioma Inglés, para que puedan participar en eventos y actividades que ofrecemos. Si necesita de estos servicios favor de pedirlos en nuestra administracion.

_____ предоставляет жильцам , основным языком которых не является английский, и, как следствие, имеют ограниченное владение английским языком, возможность запросить бесплатную помощь в переводе на другие языки, чтобы подать заявку или участвовать в ее программах и мероприятиях.

I SPEAK FORM

LANGUAGE IDENTIFICATION FLASHCARD

| | |
|---|------------------------|
| <input type="checkbox"/> ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية. | 1. Arabic |
| <input type="checkbox"/> Մարտնոսի՝ ինչ՝ նշանակումը որտեղ գտնվում է, նշանակումը՝ նշանակումը ինչ՝ նշանակումը: | 2. Armenian |
| <input type="checkbox"/> যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বক্সে দাগ দিন। | 3. Bengali |
| <input type="checkbox"/> ឈ្មួញក្នុងប្រទេសនេះ មើលអ្នកមាន ឬនិយាយភាសា ខ្មែរ ។ | 4. Cambodian |
| <input type="checkbox"/> Motka i kahhon ya yangin ùntùngnu' manaitai pat ùntùngnu' kumentos Chamorro. | 5. Chamorro |
| <input type="checkbox"/> 如果你能读中文或讲中文，请选择此框。 | 6. Simplified Chinese |
| <input type="checkbox"/> 如果你能讀中文或講中文，請選擇此框。 | 7. Traditional Chinese |
| <input type="checkbox"/> Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik. | 8. Croatian |
| <input type="checkbox"/> Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky. | 9. Czech |
| <input type="checkbox"/> Kruis dit vakje aan als u Nederlands kunt lezen of spreken. | 10. Dutch |
| <input type="checkbox"/> Mark this box if you read or speak English. | 11. English |
| <input type="checkbox"/> اگر خواندن و نوشتن فارسی، بلد هستند این مربع را علامت بزنید. | 12. Farsi |

- | | | |
|--------------------------|--|--------------------|
| <input type="checkbox"/> | Cocher ici si vous lisez ou parlez le français. | 13. French |
| <input type="checkbox"/> | Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen. | 14. German |
| <input type="checkbox"/> | Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά. | 15. Greek |
| <input type="checkbox"/> | Make kazyé sa a si ou li oswa ou pale kreyòl ayisyen. | 16. Haitian Creole |
| <input type="checkbox"/> | अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ। | 17. Hindi |
| <input type="checkbox"/> | Kos lub voj no yog koj paub twm thiab hais lus Hmoob. | 18. Hmong |
| <input type="checkbox"/> | Jelölje meg ezt a kockát, ha megérti vagy beszélí a magyar nyelvet. | 19. Hungarian |
| <input type="checkbox"/> | Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano. | 20. Ilocano |
| <input type="checkbox"/> | Marchi questa casella se legge o parla italiano. | 21. Italian |
| <input type="checkbox"/> | 日本語を読んだり、話せる場合はここに印を付けてください。 | 22. Japanese |
| <input type="checkbox"/> | 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오. | 23. Korean |
| <input type="checkbox"/> | ໃຫ້ໝາຍໃສ່ເຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກົວພາສາລາວ. | 24. Laotian |
| <input type="checkbox"/> | Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim. | 25. Polish |

| | | |
|--------------------------|--|----------------|
| <input type="checkbox"/> | Assinale este quadrado se você lê ou fala português. | 26. Portuguese |
| <input type="checkbox"/> | Însemnați această căsuță dacă citiți sau vorbiți românește. | 27. Romanian |
| <input type="checkbox"/> | Пометьте этот квадратик, если вы читаете или говорите по-русски. | 28. Russian |
| <input type="checkbox"/> | Обележите овај квадратик уколико читате или говорите српски језик. | 29. Serbian |
| <input type="checkbox"/> | Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky. | 30. Slovak |
| <input type="checkbox"/> | Marque esta casilla si lee o habla español. | 31. Spanish |
| <input type="checkbox"/> | Markahan itong kuwadrado kung kayo ay marinong magbasa o magsalita ng Tagalog. | 32. Tagalog |
| <input type="checkbox"/> | ให้ทำเครื่องหมายลงในช่องถ้าท่านอ่านหรือพูดภาษาไทย. | 33. Thai |
| <input type="checkbox"/> | Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga. | 34. Tongan |
| <input type="checkbox"/> | Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою. | 35. Ukrainian |
| <input type="checkbox"/> | اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔ | 36. Urdu |
| <input type="checkbox"/> | Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ. | 37. Vietnamese |
| <input type="checkbox"/> | באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש. | 38. Yiddish |

